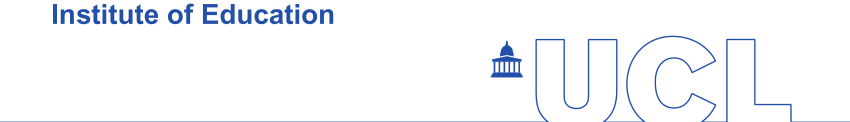
**B.Consent form**



**Examining Student Experiences and Challenges to Engagement with Reflective Practice in the Undergraduate Curriculum at UCL Medical Scholl**

##### **UCL Institute of Education**

##### 20 Bedford Way, London WC1H 0AL

##### +44 (0)20 7612 6000 | enquiries@ioe.ac.uk | www.ucl.ac.uk/ioe

**May 2018**

If you are happy to participate, please complete this consent form and return to [f.gishen@ucl.ac.uk](mailto:f.gishen@ucl.ac.uk) by 1st May 2018

##### Yes No

I have read and understood the information leaflet about the research

I agree to be interviewed as outlined on the information sheet

I am happy for my interview to be audio recorded and transcribed

I understand that if any of my words are used in reports or presentations, they will not be attributed to me

I understand that I can withdraw from the project at any time, and that if I choose to do this, any data I have contributed will not be used

I understand that I can contact Dr Faye Gishen at any time at f.gishen@ucl.ac.uk I understand the findings from my interview will be written up as a 20,000-word report and that my name and identity will not be revealed. The report will be submitted to UCL Institute of Education as part of Dr Faye Gishen’s studies towards Doctor of Education (EdD).

##### Macintosh HD:Users:fiona:Desktop:UCL Handover:WORKING:UCL IOE:IoE_logos_2:UCL_IOElogos:IoE_outline_portrait.eps

I understand the findings from my interview may be written up as an academic paper for publication or shared in a presentation at conference and that my name and identity will not be revealed.

##### ---------------------------------------------------------------------------------------------------------------

##### Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Date

##### Researcher’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Date